



High Point Parks & Recreation Department  
136 Northpoint Avenue  
High Point, NC 27262  
[www.highpointnc.gov/pr](http://www.highpointnc.gov/pr)

*High Point Parks & Recreation  
After School Program  
2010 - 2011 School Year*

Our very own After School Program was designed with **your** child in mind!

Sure, you want your children to enjoy their afternoons, but you also want to know they are safe and secure, while having fun as they make new friends and gain new skills.

Our enrichment programs provide group and individual games, as well as athletic activities, arts and crafts, new experiences, field trips, special events and much more!

Most importantly, our counselors are chosen for their responsibility, energy, patience and concern for your child's welfare. Our skilled staff is professionally trained and eager to help your child meet his or her richest potential.

**Registration**

For 2009-2010 After School Members	-	July 21 - 31, 2010
For 2010 Summer Day Camp Members	-	July 21 - 31, 2010
Open Registration and Waiting List*	-	Begins August 2, 2010

(During hours of operation at all centers)

Registration will be taken at the individual centers according to the registration schedule. The first month's fee and an Immunization Form are required for registration of each After School Program member. Registration is limited at each facility.

\*A waiting list will be taken at facilities that reach maximum enrollment.

**INCLEMENT WEATHER POLICY:**

When Guilford County Schools are closed for the day due to bad weather/icy conditions, the After School Program **will not** operate at any time during the day at any Recreation Center.

On days when Guilford County Schools let out early due to inclement weather (snow, ice, freezing rain), Parks and Recreation **will not** pick up or have the After School Program. The Recreation Centers will be closed to childcare that afternoon. The schools have been notified that on these days of early dismissal due to inclement weather, the children will be picked up by their parent/guardian at the school at the appropriate time.

## About the After School Facilities...

The After School Programs are based at the Allen Jay, Oakview, Deep River and Morehead Recreation Centers. The program also utilizes many City parks, tennis courts, softball/soccer fields, and playground areas.

Allen Jay Recreation Center  
1073 E. Springfield Road  
883-3509

Days: Monday - Friday  
Time: 2:30 - 6:00 p.m.  
Grades: K-5  
\*Fee: \$125.00 per month  
\*Activity Fees Additional

Oakview Recreation Center  
503 James Road  
883-3508

Days: Monday - Friday  
Time: 2:30 - 6:00 p.m.  
Grades: K-5  
\*Fee: \$125.00 per month  
\*Activity Fees Additional

Morehead Recreation Center  
101 Price Street  
883-3506

Days: Monday - Friday  
Time: 2:30 - 6:00 p.m.  
Grades: K-5  
\*Fee: \$125.00 per month  
\*Activity Fees Additional

Deep River Recreation Center  
1529 Skeet Club Road  
883-3407

Days: Monday - Friday  
Time: 2:30 - 6:00 p.m.  
Grades: K-5  
\*Fee: \$125.00 per month  
\*Activity Fees Additional



### SNACK:

Snack machines containing crackers, chips, drinks, etc., ranging from \$.50 - \$1.25 are available. Please bring correct change.

### CLOTHING:

Members should wear clothing suitable for activities. Tennis shoes are required. After School members' names should be written on all items brought to the Recreation Center. Do not bring valuables such as, electronic games, radios, cell phones, jewelry, etc. Money should be kept on person or in a secure place.



**High Point Parks & Recreation will not be held responsible for lost, stolen or damaged personal items**

### FEES:

One month's fee for all children will be due at time of registration. Monthly fees are due on the 23<sup>rd</sup> of each month preceding the child's attendance. If you find that your child(ren) will be unable to attend during any month, you must notify the After School Program Director, *in writing*, five business days in advance. Failure to do so will result in the regular monthly charge for your child(ren). If an emergency arises and your child(ren) will not be attending the After School Program as planned, you must notify the After School Program Director as soon as possible. You may be required to provide proof of any such emergency.

A \$5 late charge per child will be charged for every fifteen minutes after the designated pick-up time that children remain at the Center. Drop off and pick up times varies at each Center. In the event of an emergency which may cause late pick-up, please call the After School Program Director before 6:00 p.m.

# The After School Application



Please check applicable ASP site:

- ☐ Allen Jay Recreation Center
- ☐ Morehead Recreation Center
- ☐ Oakview Recreation Center
- ☐ Deep River Recreation Center

An all-day program will be offered to parents on days that school is closed. A minimum of fifteen participants is required to operate the program. **(Please Print All Information Clearly)**

---

Member's full name	Birth Date	Age	Grade & School(2010-2011 School Year)
--------------------	------------	-----	---------------------------------------

---

Home Address	City	Zip
--------------	------	-----

---

Mother's Name	Home Phone/Other	Employer	Work Phone
---------------	------------------	----------	------------

---

Father's Name	Home Phone/Other	Employer	Work Phone
---------------	------------------	----------	------------

---

Emergency Name (Other than Parent)	Home Phone	Work Phone
------------------------------------	------------	------------

---

Emergency Name (Other than Parent)	Home Phone	Work Phone
------------------------------------	------------	------------

---

Person(s) authorized to pick up child(ren) other than parents

---

Are there any physical/emotional conditions, special needs, medications, or any other general information about which we need to be informed? ☐ No ☐ Yes

---

---

Photographic Consent: ☐ I do ☐ I DO NOT (check one) give permission to have my child appear in any media coverage approved by the High Point Parks & Recreation Department. I understand that the Facility Director, in conjunction with the Recreation Supervisor, has been given the authority to determine appropriate requests.

Signature of Parents/Guardians: X\_\_\_\_\_

X\_\_\_\_\_

Both parents/guardians must sign. If not, state reason\_\_\_\_\_

---



Parks & Recreation Department  
136 Northpoint Avenue  
High Point, NC 27262  
[www.highpointnc.gov/pr](http://www.highpointnc.gov/pr)

**Parental Consent to Administer Medication:**

We, the undersigned parents/guardians of the below named child(ren), request that the medication we have delivered to the named facility be administered in the following manner: **(Please Print All Information Clearly)**

---

Child's Name

Name of Medication

---

Dosage

Reason to be given

---

Time to be given

Days to be given

This medication was delivered to the above named facility in the original container and was prescribed by:

---

Physician's Name

Physician's Address

Physician's Telephone

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discipline Policy: (We do not use corporal punishment!)**

1. Verbal warning
2. Time-out (maximum ten minutes per infraction)
3. Extended Time-out (write up)
4. Parent notification with possible revocation of field trip privilege(s), or immediate parent pick-up
5. Suspension
6. Expulsion

I have received a copy of the After School Program Handbook and agree to adhere by it.

**Waiver:** I certify that my child is able to participate and hereby give my approval for the above-named child(ren) to participate in any and all After School Program activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities, waive and release any and all rights and claims for personal injury and otherwise which I may have against the High Point Parks & Recreation Department, representatives and successors, for any and all claims of liability. In the event of any emergency, if staff is unable to contact me, I hereby release authorization for medical treatment.

Parent's Signature/Date: \_\_\_\_\_

**One month's fee must accompany *completed* After School application.**



Parks & Recreation Department  
136 Northpoint Avenue  
High Point, NC 27262  
[www.highpointnc.gov/pr](http://www.highpointnc.gov/pr)

**High Point Parks & Recreation  
After School Program**

**IMMUNIZATION FORM**  
**For Children Under 18 Years of Age**

Every After School participant must provide verification of current immunization records. This form can:

- A. be signed by a school principal, a doctor, or a representative of the Health Department.

or

- B. be attached to a copy of the participant's immunization record.

This is to verify that \_\_\_\_\_ has current immunization records on file in my office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This form must be completed and returned two weeks before the first day of participation in the After School Program.